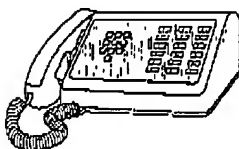


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PARAPROFESSIONALS

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BRENDA A. SULLIVAN**FACSIMILE COVER LETTER**

Our Ref.:	PROL100016000	Your Ref.:	S/N 10/723,879
Please Deliver To:	J.K. Ford Examiner, U.S.P.T.O.	Fax No. Called:	571-273-8300
From:	Peter W. Peterson DeLio & Peterson, LLC	ART UNIT	3753
Date:	December 21, 2005		

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PTO/SB/21 (09-04)

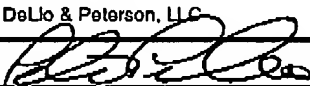
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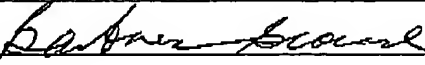
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10723,979	
	Filing Date	November 26, 2003	
	First Named Inventor	John A. Kolb	
	Art Unit	3753	
	Examiner Name	J.K. Ford	
Total Number of Pages in This Submission	23	Attorney Docket Number	PRQL100018000

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DeLio & Peterson, LLC		
Signature			
Printed name	Peter W. Peterson		
Date	December 21, 2005	Reg. No.	31,867

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Barbara Browne	Date	December 21, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/723,879
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	November 26, 2003
		First Named Inventor	John A. Kolb
		Examiner Name	J.K. Ford
		Art Unit	3753
		Attorney Docket No.	PRQL100016000

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 04-0566
 Deposit Account Name: DeLio & Peterson, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 16 - 20 or HP = 0 x 25.00 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 2 - 3 or HP = 0 x 100.00 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	31,867
Name (Print/Type)	Peter W. Peterson	Telephone	203-787-0585
		Date	December 21, 2005

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR:	John A. Kolb)	EXAMINER:	J.K. Ford
)		
SERIAL NO.:	10/723,879)	ART UNIT:	3753
)		
FILING DATE:	November 26, 2003)	DATE:	December 21, 2006
)		
FOR:	Heat Exchanger)		
	Package with Split)		
	Charge Air Cooler)		

AMENDMENT

Mail Stop _____
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the Patent and Trademark Office on the date shown below.

Name: Barbara Browne Date: December 21, 2005

Signature: 

Dear Sir:

Responsive to the Office Action mailed November 15, 2005, please amend the
application as follows: